2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76050

FILED Apr 04, 2007 Secretary of State

Entity Name: THE WESTMINSTER P.M. TRAVEL CO. INC.

Current Principal Place of Business:		New Principal Place of Business:		
:/O PATE 04 N 3R[RICIA MARGA DIST	RET EADS		
ACKSON	IVILLE, FL 32	250		
urrent N	lailing Addre	ss:	New Mailing Add	ress:
04 N 3R[RICIA MARGA DST IVILLE, FL 32			
El Number	: 59-3037863	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Addres	ss of New Registered Agent:
	TRICIA MARC ISH STREET	AREI		
ONTE VI	EDRA BEACH	,	e purpose of changing its regist	ered office or registered agent, or both,
ONTE VI	EDRA BEACH e named entity e of Florida.	,	e purpose of changing its regist	ered office or registered agent, or both,
ONTE VI he above the Stat	EDRA BEACH named entity of Florida. RE:	,		ered office or registered agent, or both, Date
ONTE VI he above the Stati	EDRA BEACH e named entity e of Florida. RE: Electro	submits this statement for the		
ONTE VI he above the Stati GNATU lection Ca	EDRA BEACH e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ().	gent	
onte vine above the Stati IGNATU ection Car FFICER tte: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIRECTOR	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete CIA MARGA, RET STREET	gent	Date
ONTE VI he above the Stati IGNATU	e named entity e of Florida. RE: Electro mpaign Financii S AND DIREC PD (EADS, PATRIC 16 LADYFISH PONTE VEDR	submits this statement for the submits this statement for the nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete CIA MARGA, RET STREET A BCH, FL) Delete LOGAN ST	gent ADDITIONS/CHAI Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M EADS PRES 04/04/2007